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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR	SHEETS	TOTAL	INDEPENDENT
Verified and Acknowledged	<i>Allowance</i> <i>Dale J. Schaefer DBC</i> Examiner's Signature <i>Dale J. Schaefer DBC</i> Initials	COUNTRY IL	DRAWING 15	CLAIMS 12	CLAIMS 3

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TITLE

Method and system for consumer healthcare decisionmaking

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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